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32201 7590 19/01/2009

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KARI Meyer-Henry (Depositor's name)
 KARI Meyer-Henry (Signature)
 December 30, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,429	11/02/2005	Johanna M. Rommens	8092-002-US	9669

TITLE OF INVENTION: DIAGNOSIS OF SIWACHMAN-DIAMOND SYNDROME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/04/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, DAVID C	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Lewis Kohns Fitzwilliam LLP
 2. David M. Kohn
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

The Hospital for Sick Children

Toronto, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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